

Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Northfields Respite Centre
Name of provider:	RK Respite Services Ltd
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	15 September 2022
Centre ID:	OSV-0001863
Fieldwork ID:	MON-0036940

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Northfields Respite Service is a designated centre operated by RK Respite Services Ltd. It is a children's respite service which is intended to meet the needs of up to six male and female respite-users, who are under the age of 18 years and who have an intellectual disability. At the time of the inspection, 45 children availed of the respite service. The centre consists of one large bungalow, located on the outskirts of a town in Co. Tipperary and is close to local amenities. The designated centre comprises of five respite-user bedrooms (one of which provides an option to share with a sibling for the duration of their stay), a staff bedroom, kitchen, dining room, sitting room, play room, utility room, a shared bathroom, laundry and storage room. A large garden areas to the rear of the centre provides residents with large play and seating areas. Staff are on duty both day and night to support the respite-users who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 September 2022	11:00hrs to 13:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced and targeted risk-based inspection. The purpose of this inspection was to follow up on the areas for improvement identified at the last inspection in March 2022 and the progress made in implementing actions outlined in the compliance plan and assurances submitted to the Chief Inspector of Social Services. The previous inspection assessed the provider's compliance with Regulation 27: Infection Prevention and Control and found that significant improvement was required in the arrangements in place for infection prevention and control and governance and management. In addition, the inspector identified improvements required in relation to the fire safety arrangements.

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and Health Information and Quality Authority (HIQA) enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with management over the course of this inspection.

The centre is registered for a maximum of six respite-users under the age of 18. On the day of the unannounced inspection, the respite service was closed so the inspector did not have an opportunity to meet with respite-users. The inspector carried out a walk through of the designated centre accompanied by the person in charge. As noted, the premises was a large detached bungalow and consisted of five individual respite-user bedrooms, a staff bedroom, a shared bathroom, kitchen, dining room, sitting room, playroom, a utility room, laundry and storage room. The playroom contained a pool table, air hockey, TV, DVD, gaming consoles, books and table top games. To the rear of the premises there was a large secure garden which contained age appropriate play and recreational facilities including goals, sandbox, jungle gym, sunken trampoline and running track. Overall, the premises was decorated in an age-appropriate manner and well maintained.

It was found that the service strived to provide a person-centred service to all respite-users. The provider had implemented the actions as set out in the compliance plan and assurances submitted to the Chief Inspector of Social Services. However, some improvement was required for fire safety. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to respite-users' needs.

The centre was managed by a full-time and suitably experienced person in charge. The previous inspection found that improvement were required in the governance and management arrangements. Since the inspection, the provider strengthened the governance and management arrangements by engaging with an independent external agency to conduct quality assurances audits including the six-monthly audits. The inspector reviewed the first six-monthly audit completed by the external agency in May 2022 which identified areas for improvement and an action plan was developed in response. From a review of documentation, it was evident that the provider was in the process of implementing the action plan.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was responsible for this centre only and was regularly present throughout the week to meet with staff and respite-users.

Judgment: Compliant

Regulation 23: Governance and management

The centre was managed by a full-time, suitably experienced person in charge. This centre was the provider's only designated centre and was jointly managed by a person in charge and the service supervisor. The previous inspection found that while quality assurance audits were taking place such as the annual review and six-monthly audits, there were no appropriate lines of accountability.

Since the inspection, the provider strengthened the lines of accountability by engaging with an independent external agency to conduct quality assurances audits including the six-monthly audits. The inspector reviewed the first six-monthly audit completed by the external agency in May 2022 which identified areas for improvement and action plans were developed in response. In addition, the provider engaged with external consultants in relation to enhancing the arrangements in place for fire safety and infection prevention and control. It was evident that the provider was in the process of implementing the actions identified. Overall, the provider demonstrated the capacity and capability to implement the actions as set out in the compliance plan and assurances submitted to the Office of the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that the provider had notified the Office of the Chief Inspector as appropriate.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider was striving to provide a quality person-centred service. The inspector found that the provider had addressed the areas for improvement identified on the last inspection in relation to infection prevention and control and fire safety. However, some improvement was required in relation to fire safety.

The previous inspection found that improvements were required in the arrangements in place for infection prevention and control as they were not in line with national guidance for health and social care services. For example, optional mask wearing for the staff team and informal monitoring of signs of infection. The inspector found that this had been addressed. In addition, the provider had reviewed and updated the infection prevention and control policy in consultation with an external professional. The updated policy provided suitable guidance to the staff team on infection prevention and control practices including storage of cleaning equipment and the arrangements for laundry and waste management.

The previous inspection also identified that improvements were required in the arrangements in place for the safe evacuation of all persons in the event of a fire. For example, two respite-user bedrooms were found to be inner-rooms. Following the inspection, the provider submitted assurances that the two rooms would not be used as bedrooms. The provider decided to reconfigure the premises and from the walk-through of the premises, the inspector observed that this had been completed.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. A large garden to the rear of the premises provided respite-users with appropriate outdoor recreation areas with age-appropriate play and recreational

facilities.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The previous inspection found that improvement was required in the arrangements in place for infection prevention and control as they were not in line with national guidance for health and social care services. This was observed as addressed on this inspection. For example, the infection prevention and control policy had been reviewed and updated to provide suitable guidance to the staff team. The arrangements outlined in the policy were observed in practice for the management of laundry and the suitable storage of cleaning equipment.

The provider had prepared a contingency plan for COVID-19 in relation to staffing and the self-isolation of respite-users. Cleaning schedules were in place for high touch areas and regular cleaning of rooms. Good practices were in place for infection prevention and control including pre-stay respite-user checks. The centre was observed to be visibly clean on the day of the unannounced inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The previous inspection found that improvements were required in the arrangements in place for the safe evacuation of all persons in the event of a fire. Two respite-user bedrooms were found to be inner-rooms and were only accessible directly from the utility room. In the event of a fire, respite-users could only evacuate through this utility room which contained a clothes dryer and boiler.

In response, the provider submitted assurances that these rooms would not be used as bedrooms and a person competent in fire safety undertook a fire safety assessment. The provider decided to reconfigure the centre to create two bedrooms from the sensory room and area of the play room and convert the inner-rooms to storage and laundry rooms. The provider submitted an Application to Vary in July 2022 to the Chief Inspector of Social Services to reflect the changes in the floor plans. The reconfiguration of the premises was observed to be completed on this inspection. A certificate of compliance with fire regulations was also provided to the inspector of the work completed.

The centre had suitable fire safety equipment in place, including emergency lighting,

a fire alarm and fire extinguishers. There was evidence that the fire alarm and extinguishers were serviced as required. However, the documentation for the servicing of emergency lighting was not available for review on the day of inspection.

There was evidence of regular fire evacuation drills taking place in the centre. The provider had engaged an external consultant to completed a fire risk assessment. The fire risk assessment made a number of recommendations to enhance fire safety arrangements. The recommendations were in the process of being implemented at the time of the inspection including simulated drills, night time drills and the development of Personal Emergency Evacuation Plans (PEEPs) for each respite user. In addition, the inspector was informed a fire training session was scheduled for the staff team in the afternoon of the day of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Northfields Respite Centre OSV-0001863

Inspection ID: MON-0036940

Date of inspection: 15/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The procedures around Night Time Fire Drills will be specifically included in the Centre’s Fire Safety Statement outlining the rationale for their exclusion and the alternative arrangements made to ensure that staff and, in so far as is reasonably practicable, clients, are aware of the procedure to be followed in the case of fire. These are to include night time simulation training and drills with staff and dusk/after dark drills to be included in the schedule for both clients and staff. Personal Emergency Evacuation Plans will be developed and maintained for every client.</p> <p>Certification for Emergency Lighting servicing will be secured and available for review as part of the centre’s Fire Safety documentation.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2022